FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY									
	OFFICE USE ONLY								
(1) Elsa Urquiza									
Name (2) ZZ7 E Livo Alto Dr									
(2) 27 6 Elvo Alto Dr Address (number and street)	T I S T S T								
Milliami Beach, Fl 33139									
City, State, Zip Code									
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:								
(4) Check appropriate box(es):									
Candidate (office sought): Commissoner	rroup I								
☐ Political Committee	CHECK IF PC HAS DISBANDED								
Committee of Continuous Exercises	CHECK IF CCE HAS DISBANDED								
☐ Party Executive Committee	CHECK IF NO OTHER ELECTIONEERING								
☐ Electioneering Communication	COMMUNICATION REPORTS WILL BE FILED								
(5) REPORT IDENTIFIERS									
, , , , , , , , , , , , , , , , , , , ,									
Cover Period: From 6 / 12 / 06 To									
☑ Original ☐ Amendment ☐ Special Election R	eport								
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT								
	Monetary								
Cash & Checks	Expenditures \$, O OO								
Loans \$, 50 , 000 <u>00</u>	Transfers to Office								
	Account \$,								
Total Monetary \$, ,	Total								
Total Monetary	Monetary \$, ,								
In-Kind \$, .									
In-Kind \$ ' '									
·	(8) Other Distributions								
1	\$								
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
(9) TOTAL Monetary Contributions To Date	\$,,								
,,,									
(11) CERT	FICATION								
It is a first degree misdemeanor for any pers									
I certify that I have examined this report and it is true, correct, and	I certify that I have examined this report and it is true, correct, and								
complete.	(Type name) F/SA M. RQUIZA								
(Type name) Edward Can tos	(Type Harte)								
☐ Individual (only for ☐ Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)								
electioneering commun.)	X (Lagran X								
X In Z									
Signature	Signature U								

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	EI	sa Urquiza			_ (2) I.D. I	(2) I.D. Number		
		6 / 12 / 06	through	6 / 30	1 06	(4) Page of		f
(5) Date (6) Sequence		(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8) entributor	(9) Contribution	(10) In-kind	(11)	(12)
Number		City, State, Zip Code	Type	Occupation	Туре	Description	Amendment	Amount
6 / 12 / Ool	०८	Elsa Urquiza			LOA			1 50,000
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DS-DE 13 (R	lev. 08/	/03)	SEE REV	ERSE FOR IN	NSTRUCTION	S AND CODE	VALUES	<u> </u>